

-For Illustrative Purposes Only-
DEPARTMENT OF HEALTH AND SENIOR SERVICES
THE OFFICE OF THE PUBLIC GUARDIAN
FOR THE MONTH OF _____

1.	Average Daily Collected Balance For each account (Accts.1-6)	\$ _____	
2.	Less Non-Earning Reserve Requirement @ (10) %	\$ _____	
3.	Average Available Balance (1 – 2)	\$ _____	
4.	Earned Credit for This Month Line 3 x Earning Rate of ____% / 12* (Rate: No less than 13-week T-Bill Yield)	\$ _____	
5.	Positive Earnings Credit Carry Forward From Prior Month (If Any)	\$ _____	
6.	Total Earnings Credits Available (4 + 5)		\$ _____
7.	<i>Total Interest Paid Wards (As allocated to wards by State)</i>	\$ _____	
8.	Number of Checks Paid _____ @ _____	\$ _____	
9.	Number of Wires (In/Out) _____ @ _____	\$ _____	
10.	Account Maintenance _____ @ _____	\$ _____	
11.	Number of Direct Deposits _____ @ _____	\$ _____	
12.	Number of Deposited Cks. _____ @ _____	\$ _____	
13.	Number of Cks. Redeposit _____ @ _____	\$ _____	
14.	Number of Stop Payments _____ @ _____	\$ _____	
15.	Other	\$ _____	
16.	Other	\$ _____	
17.	Other	\$ _____	
18.	Other	\$ _____	
19.	Total Bank Charges (Lines 7 – 18)		\$ _____
20.	Total Due Bank (If line 6 minus line 19 is negative)		\$ (_____)
21.	Carry Forward Earnings Due State (If line 6 minus line 19 is positive)		\$ _____

* 12 months; or divided by the number of days in the year, times the number of days in the reporting month.

NOTE: The cost items noted above are not necessarily all inclusive. This is an example of the preferred monthly analysis format.